



COMMERCIAL SHORT PERMIT

TOWN OF MASHPEE

BUILDING DEPARTMENT

PH: 508 539 1406

FAX: 508 539 1142

Est. Cost of Construction _____ Map _____ Parcel _____ Zone _____

PRINT

ADDRESS _____

Residential _____ Historic District YES _____ NO _____ Wetlands: YES _____ NO _____

Owner _____ Tel. # _____

Contractor _____ Tel. # _____

CSL No. _____ HIC No. _____

Workman's Comp: I am the Sole Proprietor _____ I have Worker's Comp. _____ We are a Corporation _____

Insurance Co. Name _____ Policy No. _____

WORK TO BE PERFORMED* Stripping Old Shingles _____ Re-Roof/No. of Sq. _____

Insulation _____ Siding _____ Shed (10x12 smaller) _____ Ramp _____ Demo _____

Replacement Door/No. _____ Replacement windows/No. _____ Skylights _____

Tent/Size _____ Up Date _____ Down Date _____

Other: _____

*Debris will be disposed at _____

I declare under the penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for the denial or revocation of my license and for prosecution under M.G. L. Ch. 268, Sec. 1. *Persons contraction with unregistered contractors do not have access to the Guaranty Fund (MGL c. 142a).*

Applicant's Signature _____ Date _____

Approved By _____ Date _____

Fee _____ Date Issued _____ **Permit expires 6 months for issue date**